



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

State of Nevada
Committee for Political Action
(PAC)

Registration Form

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JStokes

1/15/2016

#2524

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration

☒ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration:
check all that apply

☐ Change Officers

☐ Change Registered Agent

☐ Change Address

☐ Change Name

Previous Name of PAC

☐ Other:

Name of Committee:

Committee to Preserve Nevada Jobs

Mailing Address:

401 S. Curry St.

Street Name, Number

Carson City

City

Telephone:

775-882-4002

NV 89703

State Zip Code

PAC Active Email Address: tia@g3nv.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To oppose Ballot Questions Designed to Punish Employers
or prevent Economic Recovery, and all other lawful
purposes.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Tia Dietz

Telephone:

775-882-4002

Physical Address:

401 S. Curry St.

Street Name, Number

Carson City

City

NV 89703

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X *Tia Dietz*
Signature of Registered Agent

Date:

1/15/16



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State of Nevada
**Committee for Political Action
(PAC)**
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Kevin Benson

Mailing Address:

2310 S. Carson St., #6 Carson City

Street Name, Number

City

Telephone:

775-461-3780

NV 89701

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Signature of Representative of Group

Printed Name:

Kevin Benson

Date:

1/15/16

Telephone:

775-461-3780